

Our Community Includes Everyone



CONTENTS

Introduction	1
Diversity	3
Education	7
Family Support	15
Health Issues	19
Housing	23
Public Policy	34
Transportation	45

*Michigan Developmental Disabilities Council
1033 S. Washington Ave.
Lansing, MI 48910
517-334-6123 (phone)
517-334-7353 (fax)*

website: www.michigan.gov/ddcouncil

*Andre Robinson, Chair
Robin Sefton, Co-Chair
Vendella M. Collins, Executive Director*

INTRODUCTION

The Michigan Developmental Disabilities Council is committed to advocacy, systemic change, and capacity building to promote independence, self-determination, productivity, integration and inclusion of people with developmental disabilities in all facets of community life.

The council is committed to supporting persons with developmental disabilities to achieve life dreams.

The values of the Michigan Developmental Disabilities Council (DD Council) are the basis of all of its work. The following core values apply to all of the following position statements:

- A. The chance to be fully included in the mainstream of
- B. society is basic to the rights of all people, including those with developmental disabilities.
- C. People with disabilities must have choice and control about where they live, where they get their services, and who provides their services. Services must be culturally competent.
- D. People with disabilities must be directly involved in developing policies that affect their lives.
- E. All services and supports must be ethnically responsive and culturally appropriate so that minority citizens have equal access and participation and can benefit from these activities.
- F. Efforts for people with disabilities must also address racial and ethnic discrimination.

DIVERSITY

Background

Our Community Includes Everyone is the byline of the Michigan Developmental Disabilities Council. This statement strives to create an environment that is respectful and inclusive of all, regardless of gender, ethnicity, ability, cultural beliefs, and more.

Our state is made up of diverse populations and communities. The Michigan Developmental Disabilities Council is working to insure that diversity, and the value of differences, is a natural part of life.

The demographics of Michigan have changed greatly over the past twenty years. The greater Detroit area is now home to one of the largest, most diverse Arab American communities in the United States.

Quality of life has improved for people with developmental disabilities across the nation. Michigan has closed many state institutions where people with disabilities were housed. Self-determination and self-advocacy will make it possible for people with disabilities to achieve their full potential.

There is much work to be done. Persons with disabilities face many barriers that prevent full participation in their communities. People with disabilities are the nation's largest minority, and the only one that any person can join at any time. If you do not currently have a disability, you have about a 20% chance of becoming disabled at some point during your work life. People with disabilities cross all racial, gender, educational, socioeconomic, and organizational

lines.

During 2004-2006, an estimated 20% of US adults, or 1 in 5 people, had some level of disability and these individuals - particularly individuals from certain minority groups were much more likely to rate their health as fair or poor compared with persons without a disability.

People of color account for a small percentage of the population yet they account for a high percentage of the number of people with disabilities. Statistics indicate they have fewer jobs, less education and lower incomes than those in the majority with developmental disabilities.

Minority women with disabilities often face multiple types of discrimination based on gender, race, and disability.

Developmentally disabled people of color often experience difficulty in accessing services. This is due in part to ignorance of available services, but also due to the unavailability of services that are culturally sensitive.

Current Initiatives

The Multicultural Committee works to ensure that the Council and all its activities are ethnically responsive and culturally appropriate. Current outreach initiatives have included the creation of diversity coordinators in the RICCs to ensure outreach to all populations. The Council is planning sensitivity training for council members and RICCs. The Council has also funded the 'Include All of Us' grant project which targeted outreach to communities of color and engaged them in the DD Council 's activities.

Core Beliefs

1. Everyone in our community is entitled to participate in activities, access services, contribute to the general good of society, and take part to the extent of their abilities.
2. Our community includes all of us, regardless of sex, race, ethnicity, sexual orientation, or ability.
3. There can be no community without respect for all people.
4. Self-determination and self-advocacy are essential to the wellbeing of all.

Individuals with disabilities must have the right to make choices about their lives and have access to housing, education, healthcare, transportation, employment, recreation and voting.

Recommendations

1. Expand opportunities for minorities and persons with disabilities to take part in shaping public policy.
2. Promote policies, programs, and practices that assure equal opportunity for all people, including those with disabilities and people of color.
3. Require human services programs and agencies funded or operated by the government to be culturally competent and reflect the populations that they serve.
4. Reform public housing to assure continuing national and statewide commitment to low-income families
5. Close the gaps in the health insurance system to ensure universal health care for all. Minorities are more likely to live in medically underserved

- communities and more likely to experience cultural and linguistic barriers to health care.
6. Designate funds that reinvest in urban communities.
 7. Designate more funding for urban transportation.
 8. Increase monitoring of special education placement.
 9. Require all educators to have training in cultural competency and make funds available for the mandate.
 10. Mandate a cultural competency curriculum in all public and charter schools.
 11. Work to eliminate racial profiling and hate crimes.
 12. Introduce legislation to establish and ensure a diverse work force.
 13. Commit to and provide funding for mandatory early childhood education beginning at age three.
 14. Guarantee access to higher education for all.
 15. Close the gaps in the health insurance system to ensure universal healthcare for all children.
 16. Develop a plan for reliable and accessible public transportation for both rural and urban areas.
 17. Ensure that persons with disabilities have appropriate and accessible choices in the public education system.
 18. Ensure that State employment practices (recruitment, hiring, transfer and promotion) include persons with disabilities.
 19. Work to reverse the effects of poverty on the health of children.
 20. Work to ensure the availability of affordable and accessible housing for persons with disabilities.

EDUCATION

Background

In Michigan, there are:

244,000 students with disabilities (birth to age 26), which is 14% of all students, that are identified by the federal Individuals with Disabilities Education Act (IDEA) into 13 disability categories. According to data collected by the Michigan Department of Education, only 53.4% of these children with disabilities are included with non-disabled children in preschool classrooms and only 50.3% of these students with disabilities are included with non-disabled students in grades K-12 of public schools.

All students have a right to a quality education in the least restrictive environment. This is a part of the Federal law, Individuals with Disabilities Education Act or IDEA. For children and students with disabilities, this means they should be attending their neighborhood schools, participating in the general education curriculum, and have access to the supports and services they need to realize their maximum potential and obtain a quality education. The Michigan State Board of Education endorsed this belief by adopting its policy, "Vision and Principles on Universal Education". In addition, the Michigan Department of Education has set goals and annual benchmarks and developed strategies for achieving those, to help children and students with disabilities receive a quality education in the least restrictive environment. Called the "State Performance Plan", these goals and benchmarks were submitted to the U.S. Department of Education.

However, according to data from the Michigan Department of Education, students with disabilities are failing to reach these quality education standards. Furthermore, minority and low income students with disabilities are doubly challenged.

Regular Education Placement

Regular education placement (also known as inclusion) is defined by federal law as placement in a “regular education” classroom at least 80% of the school day. Only 50.3% of Michigan students with disabilities are placed in regular classrooms. The goals set by the Department of Education (MDE) are:

MDE inclusion benchmark for preschool children (ages 3-5 years) states: 88% of ISDs will provide services to these children in their natural environments
According to 2007 data: 82.5% of Michigan ISDs met this benchmark

MDE K-12 inclusion benchmark: 55% of ISDs will include students in regular classrooms 80% of the school day
2007 data: 28% of ISDs met the benchmark

Regular education placement is also affected by many other factors. As shown in the following table, the percentage of placement varies widely by type of disability the child has, their race, age, and geographic region of residence, or where they live.

Table 1: Inclusive Education Placement by Demographic Characteristics*

Characteristic	% included
<u>Disability</u>	
Cognitive Impairment	14.0
Emotional Impairment	40.7
Hearing Impairment	55.2
Visual Impairment	66.7
Physical Impairment	49.7
Speech & Language	93.3
Early Childhood Delay	55.4
Specific Learning Disability	51.0
Severe Multiple Impairment	4.0
Autism Spectrum Disorder	37.3
Traumatic Brain Injury	48.7
Other Health Impairment	61.3
<u>Race/Ethnicity</u>	
White	58.5
Black	37.4
Hispanic	51.6
Asian	63.5
Native American	57.4
<u>Age</u>	
6-11 years	67.3
12-17 years	44.4
18-21 years	35.3
22+ years	3.5

Geographic Region of Residence

Preschool	
Upper Peninsula (highest)	75.6
Southwest (lowest)	42.7
K-12 (ISD)	
Huron (highest)	85.3
Newaygo (lowest)	31.5

*Based on 2006 MDE data; for more detailed information see the Center for Educational Networking website (www.cenmi.org).

Engagement and Outcomes

In order for students to obtain quality outcomes, they must stay engaged in the learning process. The current drop out rate (2006-2007) for Special Education students is 28.9% versus 15.09% for General Education students. Outcomes are worse for members of minority cultures and vary by region. By age 16, students with disabilities are required under federal law to have individualized transition plans (ITPs) that help them prepare for life after mandatory education. Only 40% of eligible students with disabilities have functional ITPs. Here are some additional data from 2006 (most current available) to show Michigan's goals to decrease drop out rates and how the school districts were doing:

MDE Dropout Benchmark: No more than 11.5% dropout rate

2007 data: 3.5% of ISDs met the benchmark

MDE Secondary Transition Benchmark: 100% of ISDs are in compliance with federal mandate

2007 data: No data available on ISD compliance until 2008

MDE Graduation Benchmark: 80% of students with disabilities graduate

2007 data: 31.6% of ISDs met the benchmark

Further, the graduation rate for students with disabilities is 69% (compared to 75.5% for general education). And, 19% of students leaving Michigan special education are competitively employed and 29% go on to some form of postsecondary training, albeit usually not at a 4-year university. Nationally, only 9% of freshmen in four-year universities are individuals with disabilities (Wolanin & Steele, 2004). The inaccessibility of college education due to rising tuition costs, lack of physical accessibility of campuses, and the under-preparedness of students with disabilities needs to be addressed. Attainment of an advanced education is a means to economic self-sufficiency and personal well-being, and can pull a family out of poverty.

Parent/Family Involvement

MDE Parent Involvement benchmark: 33% of parents will report that schools facilitate parental involvement

2007 data: 23% of parents reported facilitated involvement

Across the lifespan the number one predictor of successful, self-determined lives and student academic achievement is parental/familial involvement. Less than one quarter of parents report that they feel welcome and involved in their children's schools. That rate is highest at the preschool level and decreases steadily through high school. Rates of

reported involvement are less for minority and low income families.

Current Initiatives

The council supports and advocates for a unified system of public education consistent with the practices and principles of Universal Education for all students, including all students eligible for early intervention and special education services, from birth to age 26.

The Council has also created several innovative grant projects targeting early childhood inclusion, supporting local parent networks, and promoting universal education. Currently, a three-year grant targeting the use of family support services to increase educational outcomes in minority communities is under development.

Core Beliefs

1. The education of students with disabilities in regular schools and classrooms is a civil right.
 - a. Universal Education, where the natural settings of childhood and young adulthood are utilized to educate all students, all together, all the time, is beneficial to **ALL** students.
 - b. Educational segregation based on disability is inherently and morally wrong, has a disproportionate effect on members of minority cultures.
2. Students have a fundamental human right to leave school prepared for life, career, and educational opportunities of their choice.
3. Meaningful parent and family involvement is essential for school success.

The Michigan Developmental Disabilities Council is committed to building inclusive communities where **ALL** people are welcomed and valued. Obstacles to inclusive communities are best and most effectively addressed at the time when they first begin to appear. Therefore, it is most beneficial to do our work in local communities in which we first learn how to play, work, and become members. All children and young adults are best educated in natural educational settings that are not segregated with respect to disability or any other dimension of human diversity.

Recommendations

1. Examine and reorganize educational systems so that **all** students have access to and success within the general education environment and curriculum.
2. Eliminate the administrative policies, programs, and practices that are a barrier to inclusive practice.
3. Identify and implement innovative programs that will eliminate disability, racial/ethnic, age and geographic disparities in special education.
4. Provide all students with the supports and services that will facilitate their self-determination and academic success.
5. Enforce the State Law that requires all schools to have parent involvement plans.
6. Provide accessible, meaningful, timely and genuine information to **ALL** students with disabilities and their parents.
7. Support and foster the inclusion of key stakeholders at student planning meetings.
8. Transform teacher education programs so that teachers are well prepared to teach everyone.

9. Support secondary students to stay in school and to graduate with a diploma.
10. Provide access to the supports, services, and resources students with developmental disabilities need in order to prepare for a meaningful transition to adult life, based on the principles of self-determination and person-centered planning.
11. Support innovations in postsecondary education for **ALL** students, including those with intellectual disabilities.

FAMILY SUPPORT

Background

Contrary to popular opinion, families and friends, not paid providers or institutions, are the main providers of care for persons with developmental disabilities. Family support is often defined as “whatever it takes” to increase the family’s ability to care for their family member with a disability, improve the quality of the family’s life, and support the family in attaining maximum independence and choice for their family member.

Having many different quality family support services and programs is important. Parents should feel empowered to make the necessary decisions for their minor child.

Assistance to a family is designed to strengthen the family’s role as primary caregiver for minor children in the family home. For adults, families need the necessary supports and services to help with the transition process to adulthood and to address issues which arise through the life cycle.

The Michigan Developmental Disabilities Council’s Family Support Work Group surveyed families to determine their top concerns. Most often mentioned were:

1. Respite was often not available and when it was available, it was limited in amounts and types.
 - The choice of type of respite is important and having an array that meets the needs of individuals with physical disabilities as well as cognitive disabilities is important.

- Finding skilled care providers is difficult and training for respite staff on care, safety, and judgment issues is needed.
- 2. Families with family members with developmental disabilities have few occasions to meet together, share experiences and strategies, and learn to advocate on a personal and systems level for needed supports and services.
- 3. The quality of family support services was not always adequate.
- 4. There are issues with consistent availability of services over time, communicating with supports coordinators, waiting lists, paper work and the effect of policy changes on service delivery.
- 5. There is a lack of provision of services, i.e. therapy, treatments or equipment, due to either no health insurance or the narrow scope of what health insurance pays for.
- 6. For those who are not Medicaid eligible and have private insurance, there is limited access to services or supports.
- 7. Families are not aware of life planning resources or how to plan for the future care of their child when they no longer are able.
- 8. There is a lack of coordinated care between agencies to support families and give them the knowledge they need to access services and supports.

Overall, families view respite care to be an important support in their efforts to care for their family members with developmental disabilities. Respite care is the service most frequently requested by families and most often their highest priority.

Current Council Initiatives

The council approved funding for a one-year grant to help supports coordinators and families receive the same information. The Did You Know? grant is managed by Developmental Disabilities Institute/Wayne State University and the purpose is to inform families and supports coordinators about the CMH structure, Medicaid-funded services, family supports, waivers, person-centered planning, self-determination, and changes in policies in Michigan. The results will improve access to services and supports for families of persons with developmental disabilities. The project's agenda gives the families an opportunity to not only look at what services are available for children, but also what services and supports are available in adulthood.

The council also approved funding for a future pilot project in six regions across the state to ensure that caregivers have the resources and support they need to plan for the future of a family member with a developmental disability when they no longer can provide the care. One of the components of the project is to develop a toolkit in multiple languages containing resources on how to plan for a loved one with a disability.

Core beliefs

1. Families should receive the necessary supports and services they need to keep minor children in the home. Families should receive the necessary supports and services to help with the transition process to adulthood and through the life cycle, so that the family member has maximum independence and choice.

2. Standardized services and supports should be available on a regular, ongoing basis regardless of where one lives.
3. Information dissemination to families and supports coordinators regarding available services and supports is key.

Recommendations

1. Increase the quality, availability and range of family support services statewide, beyond the Medicaid population.
2. Increase the quality, availability and range of supports to maximize child and adult independence, self-determination, and full community participation.
3. Support legislation to continue to improve rates of pay and benefits of caregivers.
4. Support training of caregivers to increase the quality of care.
5. Increase the funding for respite services available throughout Michigan.
6. Support a system of care for services and supports that is coordinated across agencies.

HEALTH ISSUES: DENTAL HEALTH CARE IS A *RIGHT*!

Background

There is a strong association between lack of oral health and general health. These problems are greatly increased for people with developmental disabilities. If you are a Medicaid Recipient in Michigan searching for dental health care.....

1. ***It will be difficult to find a dentist who will see you because there is no published directory of Medicaid-participating dentists.*** In fact, when you call the Medicaid Customer Service Line, the Representatives have no such information to provide. You will have to search the Yellow Pages and make cold calls to each dentist's office and inquire about whether or not they accept Medicaid. Dentists can accept new Medicaid patients one day and not the next, at their discretion.
2. ***Since you do not have a "dental home," it will be difficult or impossible to find urgent or emergency care other than in a hospital emergency room.*** Care in a hospital emergency room is generally provided by physicians who can only prescribe an antibiotic or pain medication. This is only a temporary measure to relieve the pain or impact the infection.
3. ***If you are a person with a disability, your chances of finding a dentist who will treat you are even further reduced,*** since Medicaid rates don't cover the dentist's expenses, especially when services require more time due to a patient's physical limitations or other health conditions. Many dentists' offices do not have accessibility for

wheelchairs.

4. ***If you are a person with a disability, you will not necessarily get access to the same services to which people without disabilities have access.*** Although there is a federal guideline that requires parity and equity in coverage, disabled adults have far less access to both preventive services and treatment. Many dentists will not provide care to disabled individuals due to concerns of liability and increased costs for additional needed services that Medicaid does not reimburse.
5. ***If you have a painful/abscessed tooth, the only remedy available to you under Medicaid coverage may be a tooth extraction.*** Medicaid does not cover typical restorative procedures such as a root canal or crown that are needed to restore function for adequate chewing and speech. Persons with disabilities frequently cannot physically tolerate dentures (complete or partial) setting up a spiraling pattern of additional tooth loss and poor nutrition.
6. ***Although you are eligible to get dentures (complete or partial), there is no way to get them due to the low Medicaid fee screen.*** Dentists cannot afford to provide them at the Medicaid fee screen level. And, if you have dentures, access to relining or repair services is also difficult due to low Medicaid fee screens and complexity of care.

Current Council Initiatives

The Council is funding a three-year project to improve oral health services by:

1. Assessing unmet/under-met oral health needs of

- people with disabilities
- 2. Integrating this information into the State's larger database about oral health issues
- 3. Developing and helping coordinate implementation of an advocacy plan to improve oral health services for people with disabilities
- 4. Developing strategies to optimize the dental workforce to provide preventive oral health services to significantly improve oral health

The Council is actively seeking the support of the Michigan Oral Health Coalition and others to improve oral health services for people with disabilities.

Core Beliefs

- 1. Health care is a right.
- 2. All Michigan citizens should have access to affordable, community-based, culturally competent, coordinated, quality health care, including supports for wellness.

Recommendations

Improve Medicaid

- 1. Simplify access to medical transportation services.
- 2. Reduce and simplify paperwork needed for service authorization and reimbursement.
- 3. Expand the scope of covered services based on clinical necessity.
- 4. Improve reimbursement rates.

Emulate Other Successful Models of Care

- 1. Reinstate the Habilitation Supports Waiver Program Enhanced Dental benefit.
- 2. Employ the Enhanced Dental benefit for the MI

Choice Waiver.

3. Incorporate safety net and prevention initiatives (including sealants and varnish) in school and adolescent health programs.
4. Expand Healthy Kids Dental and adapt this model for underserved, vulnerable adults.
5. Apply concepts of the Connecticut Model's use of dental coordinators.
6. Optimize the dental workforce to increase oral health access through education and prevention.
7. Provide adequate funding for the Developmentally Disabled Dental Treatment Fund to provide basic preventive and restorative services.

Use Collaborative Efforts

1. Establish a working partnership with Community Mental Health Agencies and contract agencies to resolve access to care issues.
2. Coordinate with the Michigan Oral Health Coalition (MOHC), the Michigan Geriatric Dentistry Coalition (MGDC), and other involved agencies to improve access to care.
3. Request assistance from community and industry partners, including Delta Dental, Blue Cross/Blue Shield, and others.
4. Apply Patient-Centered concepts to problem-solving.

HOUSING

Full access to housing requires three components:

- 1 Affordability**
- 2 Accessibility/universal design**
- 3 Support services**

To have full choice and control, persons with disabilities must have a full range of housing options:

- 1. That they can afford;
- 2. That they can get into and use (through universal design that makes living areas, kitchen and bathroom facilities, and bedrooms accessible), and
- 3. Where they can get the support services they need. Their ability to get supports and services must never depend on their living in a particular place or a specific type of setting (e.g., a nursing home or group home).

HOUSING: AFFORDABILITY

Background

Poverty is both a cause and result of disability. Together, they reduce people's strength and add to their exclusion. Disability reinforces poverty, both for the person and for their family.

To direct their own lives and have real jobs, people with disabilities need affordable housing. Without it, they may be unable to work or make choices about their lives.

Current Council Initiatives

A. *Finding Our Way Home*, a DD Council grant initiative, includes:

1. Local projects creating Housing Resource Centers in five areas around the state. The centers:
 - a. Help people with disabilities to find and connect with the assistance they need to get the home of their choice;
 - b. Work with local planning bodies to include the housing needs of people with disabilities, and the resources for them, in all planning and development efforts.
2. A state-level project providing training and technical assistance for housing development across the state.

B. The Michigan Disability Housing Workgroup is a coalition among the DD Council's housing workgroup and housing groups from several other state-level advocacy organizations. It works to:

1. Advocate for more resources for affordable housing. Among other resources, it supported creation of the

National Housing Trust Fund and funding the Michigan Housing and Community Development Fund.

- a. Congress has created the National Housing Trust Fund (NHTF), but its “dedicated” funding has been redirected to Freddie Mac, the quasi-governmental organization charged to keep money flowing to mortgage lenders in support of homeownership and rental housing. The workgroup continues to urge that this funding should revert to the NHTF to support development of low-income housing as soon as the current crisis in the mortgage market stabilizes.
 - b. The Michigan legislature has funded the Michigan Housing and Community Development Fund (MHCDF), and it has made awards to local development efforts. Current funding, however, is low; and the fund needs sizeable increases to carry out its mission.
2. Advocate with the Michigan State Housing Development Authority (MSHDA) to:
- a. Include more people with disabilities, and consideration of their needs, in MSHDA’s planning efforts. Workgroup members now sit on MSHDA’s Supportive Housing Committee, and MSHDA participates on our workgroup.
 - b. Give priority for people with disabilities to get Section 8 vouchers.
 - c. Support Money Follows the Person efforts to transition people from nursing homes to living on their own with community-based supports. MSHDA has not offered major support; but they changed their definition of homelessness for Homeless

Assistance Recovery Program (HARP) vouchers. People living in nursing homes who want to live on their own but do not have housing in the community to return to are now eligible for HARP vouchers.

3. Work with the Michigan Conference on Affordable Housing to:
 - a. Include more people with disabilities in their planning. A workgroup member now sits on their planning committee.
 - b. Increase program content on the needs of people with disabilities and programs that meet their needs. The 2007 and 2008 Conferences each had several disability-related workshops and exhibits.

Core Beliefs

1. The need for safe, affordable, fair housing is a community issue, not just a disability issue. All people should be able to choose fair housing that is safe, affordable, accessible, and free of segregation.
2. They should be able to choose from all areas. The complete range of housing options should be open to them, including home ownership and rental, cooperative, and shared housing.
3. People with disabilities need a broad range of affordable housing options in order to have real choice and to be able to control their own lives.

Recommendations

1. All communities should address the needs of people with disabilities as a discrete part of their consolidated housing plans.

2. Government policy at all levels should promote housing affordability. Governments should invest resources to assure that all citizens can find affordable housing.
3. Policymakers should support:
 - a. Returning funding to the National Housing Trust Fund as quickly as possible; and
 - b. Increased funding for the Michigan Housing and Community Development Trust Fund.
4. Planning bodies at all levels should include people with disabilities and consider their needs in all of their work.
5. People with disabilities should have priority for getting Section 8 vouchers and other housing subsidies.

HOUSING: ACCESSIBILITY AND UNIVERSAL DESIGN

Background

People with disabilities who want to be included in their communities must find accessible housing. If they cannot, they are likely to be unable to get a job or live on their own. Too many people are forced into nursing homes or group homes for want of something as simple as a ramp into their homes. This is a tragic waste of public resources.

Current Council Initiatives

- A. *ZeroStep Across Michigan* is a recently completed DD Council-funded grant project that established alliances between accessibility advocates and the construction industry. Its efforts included:
 - 1. Informing construction professionals about accessibility, visitability and universal design and working with them to increase the availability of accessible housing.
 - 2. Analyzing possible barriers to accessibility in state law, building codes, and local ordinances and developing proposals for changes in laws and rules.
 - 3. Working with the industry to create a voluntary certification in Michigan for private, open market homes that meet Universal Design standards.
- B. The Michigan Disability Housing Workgroup worked with the Michigan Legislature to enact PA 182, the Inclusive Housing Design Act. Workgroup members worked with MSHDA on interpreting the act and providing training on it, and they continue to monitor enforcement.
- C. *Finding Our Way Home*, cited under "Affordability," above, also works on accessibility issues at the state level and in

the local demonstration sites.

Core Beliefs

1. Truly diverse, inclusive communities assure freedom of choice for all citizens by providing the accessible housing options that people with disabilities want and need.
2. Regardless of income, disability, ethnicity, or other traits, all people must have the chance to choose fair housing that is accessible and free of segregation.
3. To have real choice and to be able to control their own lives, people with disabilities must be able to choose from a broad range of types of accessible housing.

Recommendations

1. Governments at all levels should comply with and strictly enforce federal and state rules on the accessibility of all publicly assisted housing.
2. Communities should support the high value many cultures place on keeping families together as their members age or get disabilities. Improving the accessibility of housing stock increases families' ability to stay together.
3. Michigan builders should market a voluntary certification process for private, open market homes that meet universal design standards.
4. Michigan should set state land use goals and embrace regional planning that supports accessible, compact communities served by public transit that

meets citizens' needs. State and local governments should begin by adopting the recommendations of the Governor's Land Use Leadership Council.

HOUSING: SUPPORT SERVICES

Background

To have real choice and to control their own lives, people with disabilities must have access to the supports and services they need, in settings other than segregated residential programs. They must be able to get their needs met regardless of where they live or in what type of setting. Too many people are forced into nursing homes or group homes just because the services they need are not provided in independent residential settings.

Use of the tools for self-determination will help to fuel growth of the flexible community-based services people need to live outside supervised living settings. However, advocates continue to report that supports for self-determination are not freely available in all parts of Michigan.

Current Council Initiatives

A DD Council grant supports *Michigan Partners for Freedom* to rally consumer demand for person centered planning, individual budgets and other supports for self-determination.

The project provides training and technical assistance to help self-advocates and their families learn what self-determination could mean in their lives. The training provides:

- A. Information, learning materials and stories about how self-determination has changed people's lives;
- B. Training on the tools of real self-determination and on

how to know when their rights are being respected; and
C. Help to learn to build and support community links and contacts outside the paid-for system of supports.

Core Values

1. People with disabilities must have choice and control about where they live, where they get their services, and who provides their services.
2. They should not be forced to live only in certain parts of town, in congregate settings or group homes, or with aging parents or other relatives.
3. They must be able to get the full range of supports wherever they live and in any type of setting. For real choice and control of their own lives, they must have access to the supports and services they need in settings other than segregated residential programs.

Recommendations

1. Funding for housing for people with disabilities should be separate from services funding. They must be able to live in the setting they choose and get the services they need. They should not need to live in “special” settings to get their services needs met.
2. Support services should be exempt from shortsighted budget cuts that risk forcing people into more costly segregated settings.
3. Funding should be redirected away from restrictive housing and toward home and community-based services that enable real choice. Construction of new

- large group homes and new nursing home capacity should be banned.
4. People with cognitive impairments should continue to be eligible for the Home Help program. The program should have more realistic funding and regulation, including:
 - a. Dropping the requirement that recipients must need help with Activities Of Daily Living (ADL) before getting payment for help with Instrumental Activities Of Daily Living (IADL);
 - b. An hourly rate structure that allows people with disabilities in all counties to find competent, reliable assistants; and
 - c. Easing the restrictive time allowances for various tasks and more realistic criteria for recipients of all ages.
 5. The DD Council should fund grant projects to educate people with developmental disabilities and their families about what their rights are in Person Centered Planning and how to develop their own plans.

PUBLIC POLICY

Background

Voting is a key part of living in a democracy, and this year many persons with developmental disabilities voted. Hopefully, this will lead to the creation of public policies that are beneficial to the interests of people with disabilities.

Many policies affecting persons with developmental disabilities are written using professional jargon, “big words”, and are usually at a college (or higher) reading level. Unless “translated” by others into understandable words, they are not known or understood by some persons with developmental disabilities. While not all persons with developmental disabilities have intellectual disabilities, many do.

The Michigan Developmental Disabilities Council’s Public Policy Committee has helped our Regional Interagency Consumer Committee (RICC) members to become more active, fully participating members of their communities. Many more RICC members are now voting, and they are very interested in policy issues.

The Michigan Developmental Disabilities Council encourages all members to form relationships with legislators, and other policy makers. By telling their real life-stories to legislators, we increase policymakers’ knowledge about disability issues.

The Council, in partnership with RICCs around the state, advocates for public policy that is responsive to member

needs. The Council believes that, “our community includes everyone”, which forms the basis for our advocacy.

In addition to advocating for and promoting inclusion, the Committee offers advice and direction to the Council on policy issues and concerns, through its various work groups and committees.

Guiding the Public Policy Committee are numerous objectives, including providing a forum for sound public policy; educating policy makers, advocates and consumers; networking and collaborating with allies throughout Michigan. Our legislative event and providing legislative testimony at hearings are examples of our activities.

Although RICC and Council members often-expressed interest in policy issues, many didn’t feel informed enough to take action. Additionally, some lacked public speaking experience.

Current Council Initiatives

The “Informed Communities” project was created to address these problems. A series of forums on key policy issues have been held statewide. Some of the topics this year were voting, housing, and accessible communities. Specific advocacy plans and action steps were developed with participants. Follow-up activities are being conducted to monitor results.

2008 was an election year, so some of the recent Informed Communities forums and RICC Regional meetings focused on informing persons with developmental disabilities about

their voting rights and election issues. There were opportunities to practice using accessible voting machines.

Some events had candidates (or their representatives) present to answer questions from voters. Resources were provided on candidate and ballot initiatives. Partners included Michigan Protection and Advocacy Services and The League of Women Voters, etc.

Another project that is related to public policy advocacy is, "Life in Focus", which teaches participants to use photography as a way to tell their story using words and pictures. The stories focus on crucial advocacy issues from a personal standpoint. This helps policy makers and communities see life through the eyes of people with disabilities. Increased understanding and a strong voice will lead to better services, policies and communities. Other grants are being combined with our efforts to include "video" stories about people with disabilities and their advocacy efforts.

Core beliefs

1. Voting is a right of all Michigan citizens, and voters with disabilities have a voice. "Our Community Includes Everyone".
2. The wishes and needs of all citizens, including those with developmental disabilities, should be considered as policies that will affect them are developed. "Nothing about us, without us."
3. People with disabilities want to work, and efforts to help people with disabilities find employment are

important politically. Taxpayers are a powerful voting block. As more people with disabilities work, their political clout will increase!

Recommendations

1. People with disabilities must be informed about public policies that affect them.
2. Public policies need to be written so that those affected can read and understand them.
3. Policymakers should seek input from citizens, including those with developmental disabilities, as policies are developed and/or revised.
4. People with disabilities and their allies must be involved with all levels of government to help assure true consumer participation.
5. Opportunities for more persons with developmental disabilities to be employed by the State Of Michigan should be sought out and promoted.
6. Grants funded by the State Of Michigan and Michigan Department of Community Health should actively involve persons with disabilities in the entire process, whenever possible (from the application phase to the final review).
7. Mentoring and grooming of leaders within the disability community/movement should be a continuous focus, and outreach efforts to youth with disabilities must be planned and implemented.

PUBLIC POLICY: Employment

Background

Despite progress made since the passage of the Americans with Disabilities Act (ADA) in 1990, and other significant pieces of legislation, people with disabilities still experience unemployment at a rate far above the national average. Research studies report that 65% of persons with disabilities are not working (National Organization on Disability/Harris Survey June 2004; www.nod.org) Some reasons cited for the high unemployment rate of people with disabilities include stigma, inadequate public transportation and a poor economy. However, even in boom economic periods, people with disabilities have not experienced a high employment rate.

The bi-partisan Freedom to Work for Individuals with Disabilities Act, which made it possible for persons with disabilities on Medicaid to go to work and still have assured access to health care, regardless of earnings, was enacted in 2003. Enrollment in Freedom to Work Medicaid has increased steadily, resulting in employed citizens with disabilities who now contribute to the Michigan economy. Unfortunately, enrollment in this program is relatively low. One major reason for the low enrollment is that many fear the Freedom to Work program will be changed and they will lose their Medicaid health coverage.

As of December 2007, people with disabilities are able for the first time to receive services from Home Help aides in the workplace. This policy change enables people with

disabilities to receive the supports necessary to work independently and contribute to Michigan's economy. This accomplishment was the product of successful, focused collaboration between advocates and state partners.

Studies demonstrate that many single mothers remain on public assistance (TANF) instead of engaging in competitive employment because they have disabilities or because they have children with disabilities and have not received access to the education, training, day care, and community supports that they need to move toward employment. The Jobs Education and Training (JET) program is a fundamental systems change that provides a blended set of services to connect Michigan's families with the kinds of jobs, education and training opportunities that will help them achieve self-sufficiency while meeting the workforce and skill needs of Michigan's employers.

National statistics indicate that more than two-thirds of the youth with disabilities who receive vocational rehabilitation services successfully enter the workforce, which significantly reduces their need for public assistance programs. The effective use of inter-agency cooperative agreements among school districts, community mental health service providers and vocational rehabilitation programs, etc., have enhanced employment outcomes for youth.

Two state agencies are federally mandated to focus on employment counseling, training and job placement for persons with disabilities. The Michigan Commission for the Blind (MCB), which provides services to individuals with

visional impairments, and Michigan Rehabilitation Services (MRS), which provides services to the “general” population of persons with disabilities, receive the majority of their operational funds through federal grants.

The challenge for each of these agencies is that it must fully match any federal allotment with state (General Funds) or local monies. Michigan currently provides fewer state dollars per federal dollars than any other state because it instead requires local and community resources to provide match funds.

The net result of this mandated match has been to skew resource allocations along two dimensions. First, the two most available sources for local funding matches are Education Agencies/Intermediate School Districts and Community Mental Health Services Boards/Authorities. Relying upon these resources has limited services to people with a narrow range of disabilities. Since there are few other disability-specific statewide organizations with money, differential access to services is created as a by-product of this funding strategy.

Second, communities with more available local resources are better positioned to benefit than poorer ones, so poorer communities with unmet needs are not as able to tap resources. Thus, the “accident of residence” may affect an individual’s opportunity to access vocational rehabilitation (VR) services.

In addition, the continuing decline in state funding of its VR system has resulted in unmet needs, which may in turn trigger a federal requirement to comply with an Order of Selection (a statewide waiting list for services).

Current Council Initiatives

The council participates in the MI Jobs Coalition, which is a statewide advocacy group to address policy issues. The council also is partnering with allies (e.g. Business Leadership Network of Michigan, Statewide Independent Council, Disability Network Michigan, local centers of Independent Living and local Regional Interagency Consumer Committees, etc.) to explore ways to increase employment options.

The council is also researching other employment initiatives designed to utilize the capabilities of people with disabilities. Project SEARCH is one initiative, which offers training and internship opportunities with employment in major business settings such as hospitals, banks and universities. Individuals with significant physical and/or developmental disabilities are employed in highly complex positions where they earn competitive wages and benefits. This employment paradigm shift raises the bar on employment expectations for people with disabilities, while utilizing this largely untapped workforce.

Core Beliefs

1. People should have inclusive employment opportunities in the community where the person resides.

2. Everyone should presume employment ability for people with disabilities.
3. Everyone should have options for full community participation.
4. People should have meaningful and informed employment choice.
5. The education system should facilitate transition for employment and life in the community.
6. People with disabilities are like other employees who want to work, want to do a good job, and want an income to support oneself.

Recommendations

1. Remove barriers to working for persons receiving public benefits such as Medicaid, Social Security, and SSI.
2. Revise Medicaid policy so that people who get Medicaid through a deductible are not penalized by work; currently increased earnings only raise the deductible amount.
3. Increase the Substantial Gainful Activity (SGA) limit so that people with disabilities can earn a meaningful wage without losing their Medicaid health benefits; or remove (maximum) income thresholds for people with disabilities as a condition to receiving Medicaid.
4. Simplify work incentive programs aimed at addressing these barriers.
5. Change the Freedom to Work law so that people who are working and paying a high Medicaid deductible

- (also known as spend-down) would be eligible for the Freedom to Work program.
6. Strengthen the school's transition process so that graduates are prepared for adult life and have jobs.
 7. Educate employers to the benefits of hiring people with disabilities.
 8. Champion the entrepreneurial spirit for persons with disabilities. A variety of strategies should be available to promote employment, such as: individual development accounts for employment; supported employment; customized employment; Project Search; telecommuting; and self-employment.
 9. Assure that for individuals interested in employment, the person-centered plan includes focus on getting a job and any supports required to keep the job (e.g. transportation, personal assistance, etc.).
 10. Provide people on TANF with disabilities with programs such as JET and similar programs, the education, training, day care, and other community supports they need to move toward employment.
 11. Increase access for people with disabilities to Michigan's network of One Stop Employment Centers and continue the Disability Navigators Program.
 12. Educate policy makers (governor, legislators) about the impact of decreasing the General Fund dollars for public employment agencies and how this directly impacts the availability of services for persons with disabilities. Funding policy need to create a level playing field for all persons with
-

disabilities eligible to receive services from the state's VR agencies, regardless of where they live simple elimination of reliance upon local and community match resources would trigger additional undesirable consequences.

TRANSPORTATION

Background

Many Michigan residents do not have access to transportation. The cost of owning, maintaining, and insuring a private vehicle is out of reach for a large number of people. For people with disabilities, transportation is often a very large barrier in their lives. Public transportation is not available everywhere in Michigan, and even where it is, there are obstacles. It may not be fully accessible, affordable or available when and where people need it.

Transportation is essential to people living self-determined lives; it is needed for employment, medical care, recreation, and social activities. Without it, people with disabilities may be forced to live very lonely, isolated lives.

Michigan is in the middle of a severe economic crisis, at the same time much of the nation is involved in a recession. While most people would agree that transportation is a public service that government should fund adequately, it is very hard to get policymakers to put a high priority on funding public transportation. Other issues such as housing, employment, and medical care seem to be equally important.

The Governor established a Transportation Funding Task Force to study the issue, and issue a report with recommended actions. The MI Developmental Disabilities Council sent members to most of the statewide meetings the task force held. They were successful in making public comment about the need for public transit for persons with disabilities. The task force recommended an increase in

funding for public transit, and set out three different possible levels of funding.

Current Council Initiatives

The Transportation Work Group supports and advocates for increased availability of accessible transportation services. Accessibility means public transportation that is affordable, available and reliable for everyone in Michigan, including people with disabilities.

The work group has developed an action plan that identifies barriers to usable transportation. It also recommends strategies the DD Council may use to improve access to transportation for people with disabilities statewide. Our group is unique because we are the only statewide consumer led group of transportation advocates.

The work group also examines transportation policy and funding. The group also includes Regional Interagency Consumer Committees (RICCs) and Local Advisory Committee (LAC) members. An action plan to address statewide policy changes, including funding issues, has been developed and is being implemented.

The Council's Transportation Work Group has brought the issue of transportation to the forefront in many communities statewide. They have also created several innovative grant projects. The transportation voucher project has been piloted in six diverse communities, from Detroit to Copper Country with promising results. A new project, "All Aboard: Transportation Advocacy 101" has begun, and is creating training modules, in an effort to mobilize transportation advocates statewide, and encourages them to form local coalitions.

The Transportation Work Group and the Council are members of the “Let’s Get Moving” coalition and participated in and planned several legislative events. They have also presented transportation information at various conferences statewide.

Core Beliefs:

1. Public Transportation should be available “24/7” to all Michigan residents regardless of disability.
2. A good public transportation system is essential to our economy.
3. People with disabilities should have access to public transportation in order to fully participate in their community.
4. Land Use planners should consider the needs of persons with disabilities, including access to public transportation.
5. The funding formula for public transportation should be fair to all residents of Michigan, regardless of where they live.
6. Michigan needs a regional public transportation system, where boundaries between “county-lines” are not an obstacle to riders.
7. Public Transit funding is a social justice issue.

Recommendations:

1. Michigan needs a stable source of funding for public transportation, and we ask legislators to stop transferring funds from the comprehensive transportation fund (CTF) to the general fund.
2. Local communities should explore additional sources of transportation funding, such as millages, new taxes, grants, etc.

3. Creative options for public transit should be funded statewide, such as Transportation Vouchers with volunteer drivers. This was successfully piloted in Michigan, by the Michigan Developmental Disabilities Council.

TRANSPORTATION: A Common Wheelchair Definition

Background

Many years ago, people with disabilities were not very visible. Many were often forced to live in institutions and did not live long. Those that stayed in their communities were frequently “shut-ins”, and most often housebound. In the last fifty years, there have been many changes in the lives of persons with developmental disabilities. Also, as the “baby boomers” age, an increasing number of senior citizens will have disabilities.

Public Transportation has played a large role in the progress made for persons with disabilities staying in their community. In order to live at home, and be a part of their communities, many use durable medical equipment (DME), such as wheelchairs to get around. Wheelchairs, walkers, and canes, have played an important role in helping persons with disabilities use public transportation.

In recent years, power wheelchairs and other customized devices have become more common. Before power chairs, many persons with disabilities were dependent on others to push their wheelchairs (if they didn’t have the strength to propel them). Power chairs have helped persons with disabilities to be able to be independent, and to go where they want. They are able to be full participants in the daily life of their communities.

The current situation regarding accommodating wheelchairs on the public transit busses has left transit agencies and their potential customers frustrated. Some are expected to board the bus and/or lift separately from their walker or wheelchair, which is dangerous. Persons with disabilities are

“fitted” with a wheelchair (or other mobility device) that will meet their needs. Some wheelchairs are specially built to accommodate transporting oxygen tanks (and their holders), leg rests, etc. All of these variables can make wheelchairs and other mobility devices larger, heavier, and more difficult to maneuver on public transit busses’ narrow aisles and entryways.

There are many more types of “scooters” and other personal mobility devices being created, which are being used by persons with and without disabilities. These are often purchased before a customer knows that most cannot be used aboard public transportation.

It is important that a standard, “common wheelchair definition” be developed because many of the new power chairs and/or scooters don’t fit on the busses “lifts”, or are too heavy for the lifts. The standard should include accommodations for everyone including bariatric chairs, and any needed attachments or assistive technology, along with the dimensions, and turning radius. A uniform “tie-down” system is also needed for the safety of all passengers, and the convenience of drivers.

Public transit agencies need to work together with wheelchair manufacturers to create uniform standards. Until these standards are created and agreed on, people with disabilities will continue to have difficulty using public transit, and hazardous situations will continue to develop. The DD Council is researching this issue in order to find a workable solution. As specific recommendations are

developed, they will be shared with the Michigan Department of Transportation (MDOT).

Current Council Initiatives

The DD Council has funded several transportation grants that have helped persons with disabilities to get where they need (or want) to go. The Transportation Voucher project involved nontraditional ways to form partnerships to find rides for persons with disabilities (and others). One barrier continued to be a problem: finding vehicles that were wheelchair accessible. While some people are able to ride in a car by folding their standard wheelchairs, and transferring (with or without assistance), many are not.

The current All Aboard grant helps local communities to organize to get increased and improved public transit for persons with disabilities. One way they do this, is to get persons with disabilities to be appointed to their LAC (local advisory committee) and/or transit board. Because of public transit, they can actually get to the meetings where decisions are made about the public transportation that they depend on. Their input is invaluable, and has created partnerships between advocates and transit providers.

The DD Council has worked on advocacy about this issue with the Let's Get Moving Coalition and many legislators have been made aware of it through their participation in Let's Get Moving Coalition's Annual Transit Day. The Legislative Disability Caucus and the Transportation Caucus is aware of this issue.

Core Beliefs

1. Public transportation should be accessible to all persons, with or without disabilities, and regardless of their chosen mobility device, if any.
2. Public Transportation is a Civil Rights issue, and is essential to our Democratic form of government, as a means for persons with disabilities to be active participants.
3. Inclusion means that everyone in our community is valued, and included in all-important decisions, that will have an impact on their lives.
4. Public transportation needs to be affordable for all persons who wish to use it, and easy to use.

Recommendations

1. Michigan needs a standard wheelchair definition, which accommodates all mobility devices, as it pertains to use of public transportation.
2. As technology evolves, the definition needs to be continuously reviewed and updated.
3. Legislation is needed to require transit bus manufacturers to work together with the mobility device manufacturers and persons with disabilities in order to make the standards fair and reasonable. This is especially true for devices purchased with public funds (Medicare/ Medicaid).

TRANSPORTATION: Public Transportation Funding in Michigan

Background

The legislation that funds public transportation in Michigan was enacted in 1951, more than half a century before the American with Disabilities Act was signed into law by the President. In 1951 people with disabilities were warehoused in institutions. People with disabilities did not have the freedom to move about their communities, much less move about the state, the country or the world.

Additionally, in 1951 inter-city bus services such as Greyhound and Indian Trails were a much preferred and less costly way for people to travel to see families and friends. In 1951 the inter-city bus companies had powerful lobbyists in Washington DC and in Lansing. They saw any attempt to fund public transportation in a local area as a threat.

Catering to the inter-city bus system lobbyists, the legislature attached to the appropriations legislation for public transit funding guidelines about where the local buses could go and could not go. Specifically, the local bus agencies and authorities created for an urban or rural area could not go outside of their geographic area.

From 1951 with the enactment of the funding formula for public transportation, the professionals, the lobbyists, and the people with monetary interests made decisions about what transportation was available for persons with disabilities. ADA para-transit is partially funded in Michigan, but there is not adequate funding to serve all of the persons with disabilities that need it. Some transit agencies see it as an unfunded mandate.

Much of the funding for Michigan's public transit system comes from gas taxes. All states must send a portion of the proceeds to the Federal Government, and then receive a percentage of the money contributed back. However, MI is a "donor state" because it does not have other kinds of public transit (than busses) such as subways, so it contributes more money than it receives back!

Recently, when gas prices escalated in the past year, people changed their driving habits, using less gas. Since the use was lower, Michigan collected less gas tax. As Michigan switches to different fuels and more people take public transportation there is less transportation funding to provide service to more people.

Toll roads are being considered along with some other ways to fund the public transit system. Creative ways may include local funding that goes beyond millages to include local sales taxes for transit, H.O.V. lanes (high occupancy vehicles), etc. These are examples of methods other states are using.

Current Council Initiatives

The DD Council supports and advocates for increased availability of accessible public transportation services. Accessibility means public transportation that is affordable, available, and reliable for everyone in Michigan, including people with disabilities.

The Council works with examining transportation policy and funding issues. The group also includes Regional Interagency Consumer Committees (RICCs) and Local Advisory Committee (LAC) members.

The DD Council has initiated several innovative grant projects. The transportation vouchers project, a grant awarded to six diverse sites within Michigan, from Detroit to Copper Country, were put forward to demonstrate that there are more ways to move people around the state than “buy a bus, hire a driver.” These projects were very successful. A second project, Transportation Advocacy 101: is now underway, to provide advocacy training in local areas with the focus of training people with disabilities who want to serve in policy making positions with their transit agencies or on their county/city boards of directors.

The DD Council is a member of the “Let’s Get Moving” coalition and has both participated in and planned several legislative events. They have also presented transportation information at various conferences statewide.

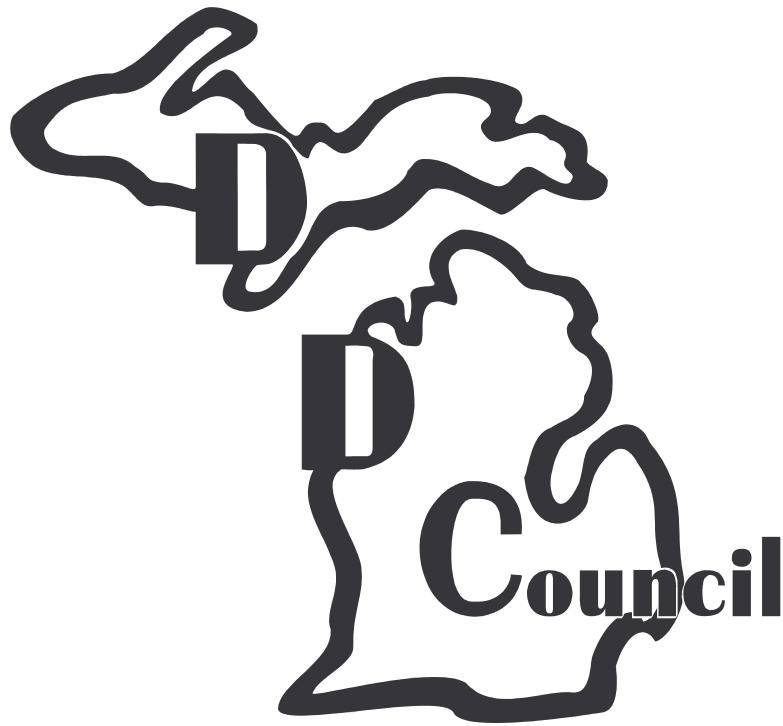
Core Beliefs

1. Public Transportation is a civil justice issue. People with disabilities are entitled to use it like every other Michigan resident.
2. Public Transportation is an “economic engine” that stimulates retail and all other kinds of business.
3. Urban sprawl is a concept that results in an inefficient use of tax dollars, as infrastructure costs more when development moves away from urban areas.
4. People with disabilities want livable communities, and public transit is a key component of that.
5. Transit funding should be expanded, so that all systems are assured a level of support that meets basic transit needs. Transit funding should be predictable. Innovative transit systems should be able to expand in order to meet growing needs as

they occur.

Recommendations

1. Michigan needs to use the funding available for public transportation to encourage cooperation among transportation systems rather than the competitive, adversarial approach that keeps transit systems guessing from year to year on the basic funding they will receive from the state.
2. Regional transportation systems can serve the state much better than the fragmented, territorial systems currently in place.
3. People who use the transportation systems need to serve in advisory and policy decision-making positions. The Michigan legislature needs to be open to new ideas and ways of transporting people. No one idea serves the entire state. Bruce Crossing, Michigan is a different culture than Ann Arbor, Michigan. One transit system does not “fit” all.
4. Support the final report of the Governor’s Transportation Funding Task Force which recommends public transportation funding that allows for growth and economic development. For more on the Transportation Funding Task force go to www.michigan.gov and find the MDOT website which has the “TF2” full report.



*Michigan Developmental Disabilities Council
1033 S. Washington Ave.
Lansing, MI 48910
517-334-6123 (phone)
517-334-7353 (fax)*

website: www.michigan.gov/ddcouncil

*Andre Robinson, Chair
Robin Sefton, Co-Chair
Vendela M. Collins, Executive Director*

